



CITY OF LA PORTE



Emergency Medical Service **Complaint Form**

Please print, complete, sign and return this form to the City of La Porte EMS in a sealed envelope addressed to EMS Chief, 604 W. Fairmont, La Porte, Texas 77571. If you do not know the information for a particular blank, please leave it empty. You may be contacted at a later date for additional information.

Complainant Information

Name: _____ Primary Phone #: _____

Address: _____ Secondary Phone #: _____

City, State, Zip: _____ E-Mail: _____

Incident Information

Date: _____ Day: _____

Address: _____ Time: _____

City, State, Zip: _____

Reason for Employee Contact: _____

Nature of Complaint: _____

Remedy Sought: _____

Employee Information

Last Name: _____ First Name: _____

Title / Rank: _____ Race: _____ Gender: _____

Supervisor (Name): _____

Other Involved Employee: _____

Other Involved Employee: _____

Witness Information

Name: _____ Primary Phone #: _____

Address: _____ Secondary Phone #: _____

City, State, Zip: _____ E-Mail: _____

Witness

Name: _____ Primary Phone #: _____

Address: _____ Secondary Phone #: _____

City, State, Zip: _____ E-Mail: _____

Witness

Name: _____ Primary Phone #: _____

Address: _____ Secondary Phone #: _____

City, State, Zip: _____ E-Mail: _____

Complainant Statement

INSTRUCTIONS: Please describe below in detail the incident about which you wish to complain. Be specific about persons involved and their actions. Use as many pages of the statement form as needed and remember to initial each page and sign and date the last page. **Typed statements on separate pages will be accepted if signed and dated.**

STATEMENT:

Cont'd

[illegible]**Complainants Initials** _____

[illegible]

NOTE: Complainants signing this government document are swearing and attesting that the information contained herein is true and accurate.

DATE _____

Response Waived:

Date _____

Date _____